

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90115 008 ***150.00

DOCUMENT # P01000080280
1. Entity Name
FLORIDA ADVOCATE PUBLISHING CO. INCORPORATED



Principal Place of Business
**8905-B CASTLE BLVD
JACKSONVILLE FL 32208**

Mailing Address
**8905-B CASTLE BLVD
JACKSONVILLE FL 32208**

2. Principal Place of Business
1284 W. 20th Street
Suite, Apt. #, etc.

3. Mailing Address
1284 W. 20th Street
Suite, Apt. #, etc.

City & State
Jacksonville, Fla
Zip
32209
Country
USA

City & State
Jacksonville, Fla
Zip
32209
Country
USA

4. FEI Number
59-2389869

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILLIAMS, ISIAH J III
8905-B CASTLE BLVD
JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMS, ISIAH J III
6172 PETTIFORD DR, WEST
JACKSONVILLE FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILKERSON-WILLIAMS, MARILYN J
6172 PETTIFORD DR, WEST
JACKSONVILLE FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TIMMONS, EMILY
6814 BOGATA DR, SOUTH
JACKSONVILLE FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Isiah J. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 904-358-8522
Date Daytime Phone #

CR2E034 (10/02)